2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 29, 2006 08:00 AM DOCUMENT # L04000001878 Secretary of State 1. Entity Name TIM WILLIAMS CONSTRUCTION, LLC Principal Place of Business Mailing Address 151 PINE ST BABSON PARK FL 33827 151 PINE ST BABSON PARK FL 33827 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied Fr 27-0076205 Not Applic Zip Country Zin. Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, TERESA 151 PINE ST Street Address (P.O. Box Number is Not Acceptable) BABSON PARK FL 33827 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered affice or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title if suplicable (NOTE Registered Agent signature required when remetating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete $\square \wedge$ ☐ Change NAME WILLIAMS, TERESA L NAME STREET ADDRESS 151 PINE ST U000004833**0**0 STREET ADORESS 04/11/06-80114-806 50.00 CITY-ST-ZIE COY-ST-70 BABSON PARK FL 33827 TITLE MGRM ☐ Delete HILE MAME WILLIAMS, TIMOTHY D MAME STREET ADDRESS 151 PINE ST STREET ADDRESS CHTY-ST-ZIP BABSON PARK FL 33827 CHY-ST-ZIP TITLE ☐ Defete THE Change T /4: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete THE Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDE ☐ Delete HILE Change T Address NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-299 CITY-ST-IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jun oly D. Williams

3/23/06 863-528-3019

FILED